

Examination at that time showed marked wasting of forearms, hands and calves. There was a feeble grasp and double wrist drop, but fair flexion, and extension of the forearms and the deltoids were strong. In the lower limbs there was slight power of extension, with flexion stronger, but no movement of the feet or toes. The movements of the thighs on the trunk were good. The knee-jerks, triceps reflex, ankle jerk and plantar reflex were all absent. He could get up from the floor with difficulty and only with support. There was no pseudo-hypertrophy, but the triceps had a slightly lumpy feeling. He walked with balancing from side to side and double foot drop. There was varus on the right, and valgus on the left, and also a marked internal strabismus of the left eye.

Sensation was not tested.

This boy had now become helpless, and the case was probably one of the peroneal type of muscular atrophy, but when first seen showed some of the characteristics of the ordinary type of muscular dystrophy, such as the waddling gait. Later there was marked lordosis also.

The case of the older brother seemed to present some of the characteristics of the transition form lying between the muscular dystrophies and the peroneal type, such as some of the cases reported by Toby Cohn, Hänel and Dänhardt, and these lend strong support to the view that the peroneal type is closely allied to the muscular form. The fact that most clear cases show heredity and that they usually begin in childhood or young adult life, is another argument for the association. Sainton in 52 cases found the onset of the disease 40 times before twenty-two years, with the extremes of two and forty years in the age of onset.

A CASE PRESENTING DELUSIONS CONCERNING THE LIMBS.

By Dr. Courtney.

The case showed certain mental features which constitute its main claim to interest. The patient is an unmarried man of twenty-five years. Before the illness which led to his present trouble he went to school and was intelligent and ambitious. Since his illness he has done nothing. Physically he was of sound habit and given to athletic sports. With regard to his family history there is nothing noteworthy except that his sister, the wife of a physician, has exophthalmic goitre. The patient denied venereal disease, said he used no alcohol and was moderate in the use of tea and coffee. Tobacco he had abused. His bowels have always shown a tendency to looseness. His weight varied from 164 to 172 pounds; his height is 5 feet 8½ inches.

In September, 1903, he went South, where he almost immediately contracted typhoid fever with marked dysenteric symptoms. He entered a hospital and remained there from the middle of September until the following June. He says he was out of his head on three different occasions during this time, but remembers much that transpired. He states that his legs were drawn up by contractures for a long time, and that they were wasted and tender to the touch. The doctors, he says, could obtain no knee-jerks.

On his return home he was completely "devitalized," as his brother-in-law expresses it. He was emaciated to a marked degree, and has

never since fully recovered his weight. What alarmed the family was his mental condition, which will be spoken of later.

Examination of very recent date shows physical findings as follows: Patient tall, pale and cadaverous-looking; gait not characteristic; station with the eyes shut normal. The pupils are somewhat irregular in outline, the right more so than the left. The right is also larger than the left, but both are normal to light and accommodation. The head shows a fine rotatory tremor, and there is distinct nystagmus when the eyes are moved to right or left; none with upward and downward movements. The left brow seems to be less wrinkled than the right; the other facial movements are normal. There is no marked tremor of the tongue, which is protruded straight. The speech is not scanning, but at times seems dysarthric and nasal. There is no intention tremor, and the hand-grasps are powerful—in fact, the general muscular strength is excellent. Sensation is everywhere normal; the deep and superficial reflexes also normal.

The weight is about 140 pounds.

Judged by the quickness and accuracy with which the patient performed certain mental tasks set before him, his intellectual activity seemed unimpaired. His handwriting is normal.

The family state that he cannot be trusted to get the right things at the store, but the patient says his main difficulty is to remember whether it is vinegar or molasses, butter or lard he is after. He states that he always gets the right thing, however.

The striking feature of interest about his mental condition is the peculiar delusion he harbors about his legs. He insists with quiet dignity that the legs he walks about upon are not his legs at all; he knows they are not his, because his had certain marks which these do not possess. He says he thinks somebody else has his legs, but he can't say who. He insists that no amount of argument will convince him of the falsity of his belief.

In coming to a diagnosis in this case the various progressive degenerations were considered but ruled out, partly from the history and partly on the physical findings. The physical signs, such as the nystagmus and the tremor of the head, are most logically accounted for on the basis of unregenerated nerve fibers, while the mental probably came from the general intoxication. The specific delusion about the legs is traced back to sensory perversions which arose during the course of the peripheral neuritic process.

A CASE OF POSTERIOR COLUMN DEGENERATIONS FOLLOWING INJURY TO THE POSTERIOR ROOTS OF THE SEVENTH CERVICAL NERVE.

By Drs. Mitchell and Barrett.

The material for the study came from a patient who died at Danvers Insane Hospital sixteen days following fracture of both arches of the fifth cervical vertebra.

The man was forty-seven years of age. For ten years he had led a **vagabond life**, frequently confined for drinking habits, and while intoxicated fell and sustained the injury mentioned. For three days he was able to walk about, although there was lessened muscular power. He was admitted to the Danvers Hospital on the sixth day following in-